Date	Time

HOSPITAL ORDERS

Adult Diabetic Ketoacidosis (DKA) or
Hyperglycemic Hyperosmolar Non-ketotic Coma (HHNK)

1. Admit to: ☐Citical Care Bed ☐Telemetry unit ☐Intensive Care Unit
   (If initial serum bicarbonate level is less than 12 mEq/L, patient needs an ICU bed.)
2. Nothing by mouth. May have sips of sugar-containing clear liquids when blood sugar/electrolytes. become stabilized and patient without GI distress (Usually when blood sugar less than 300 mg/dL).
3. Vital signs every 2 hours for 8 hours then per unit protocol.
4. Neurologic checks every 1 hour for 8 hours then prn.
5. Test for urine ketones and blood glucose on admission.
6. Stat: Complete blood count, comprehensive metabolic panel, urinalysis and HbA1c.Call results.
7. Repeat basic metabolic profile every 2 hours x 2, then every 4 hours x 2, and then every 8 hours until ketoacidosis is resolved. Call results.
8. Measure glood glucose level hourly, at bedside, or by lab if value exceeds the limits of the beside meter.
9. Check Urine samples with each void until negative for ketones.
10. Oxygen by nasal cannula at 2-3 liters per minute per nurses discretion.
11. Start intravenous fluids (check appropriate boxes):
    Normal Saline @ ___mL/hour for first liter (5-20 ml/hr/kg(ideal body weight)
    ☐Add Potassium Chloride ___mEq/L to above solution.
    ☐Add Potassium Phosphate ___mmol/L to above solution.
12. Subsequent liters _____ @ ___ mL/hour (check appropriate boxes)
    ☐Add Potassium Chloride ___mEq/L to above solution.
    ☐Add Potassium Phosphate ___mmol/L to above solution.
13. Foley Catheter ___Yes ___No
14. If blood sugar greater than 500 mg/L, give ___units of human regular insulin (U100) by intravenous push (0.1 unit/kg) one time only. Recheck blood sugar in 30 minutes.
15. Start intravenous insulin - 50 units or human regular insulin (U100) in 50 mL of normal saline by intravenous pump to run at ___units/hour (0.1 unit/kg/hour).
16. When blood sugar falls to approximately 250 mg/dL (13.89 mmol/L) or 1/2 of the admitting blood sugar, change intravenous fluids to (check appropriate boxes):
    ☐1,000 ml of D5-1/2 normal saline @ ___mL/hour.
    ☐1,000 ml of D10-1/2 normal saline @ ___mL/hour.
    ☐Add Potassium Chloride ___mEq/L to above solution.
    ☐Add Potassium Phosphate ___mmol/L to above solution.
17. Blood glucose should fall by 50-100 mg/dL (2.8-5.6 mmol/L) hourly and insulin may be titrated at nurse's discretion to maintain that rate of fall. If blood glucose does not fall by at least 50 mg/dL (2.8 mmol/L) hourly, increase insulin infusion by 1 unit greater per hour. If blood glucose falls by more than 100 mg/dL (5.6 mmol/L) hourly, decrease insulin infusion by 1-2 units less per hour.
18. Maintain blood glucose in the range between 100 and 200 mg/dL (5.6 and 11.1 mmol/L).
19. If blood glucose is less than 100 mg/dL (5.6 mmol/L), shut off insulin infusion pump. Recheck blood glucose every half-hour until blood sugar is more than 100 mg/dL (5.6 mmol/L) and then restart pump on a lower dosage. If blood glucose becomes greater than 200 mg/dL (11.1 mmol/L),restart insulin as needed. Physicians to be notified when blood glucose remains less than 100 mg/dL (5.6 mmol/L) for more than 2 hours.
20. Routine hypoglycemia orders.

_____
Physician Signature

Allergies and Sensitivities	Room # / Unit	Patient Identification